

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

53262-020598  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Incarnate Word Hospital**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS

(If outside, give location)

**5074 Minerva Ave.**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**MARY**

**A.**

**KELLY**

4. DATE  
OF  
DEATH

Month

Day

Year

**May**

**24**

**1962**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**3-23-1904**

9. AGE (last birthday)

**58**

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Clerk-Typist**

**City Hospital**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**Daniel Kelly**

13b. MOTHER'S MAIDEN NAME

**Mary Clifford**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
**Edmund J. Kelly 5074 Minerva Ave.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

**Acute Anterior Myocardial Infarction**  
**Past Myocardial Infarction**  
**Coronary Artery Disease**

INTERVAL BETWEEN  
ONSET AND DEATH

**5-24-62**

**3-21-62**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

**420.1**

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
**WHILE AT WORK**  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-21-62** to **May 24, 62** and last saw her alive on **May 24, 1962**  
Death occurred at **5:12 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Joseph E. Carney M.D.**

**3601 S. Jefferson**

**5-26-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Burial**

**May 28, 1962**

**Calvary Cemetery**

**St. Louis, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Kriegshauser 4228 S. Kingshighway Blvd.**

**MAY 27 1962**

**Loan Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

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63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

Working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edwin D. McHernest*

Licensed Embalmer No. \_\_\_\_\_

3024

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.